



**OFFICE OF INSPECTIONS  
TOWN OF DUNSTABLE  
TOWN HALL, 511 MAIN STREET  
DUNSTABLE, MA 01827-1313  
(978) 649-4514 X226 FAX (978) 649-4371  
buildinginspector@dunstable-ma.gov**

**HOME OCCUPATION PERMIT APPLICATION**

NAME OF BUSINESS \_\_\_\_\_ HOP NO. \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_

**APPLICANT INFORMATION**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE/ZIP CODE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

**PROPERTY OWNER<sup>1</sup> INFORMATION**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE/ZIP CODE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

**PROPERTY OWNER CERTIFICATION**

I am the legal property owner<sup>1</sup> of the residence being utilized for this home occupation. I hereby grant the applicant permission to use my property for the home occupation described in this application and I am fully aware that I may be held liable for any Town of Dunstable or state code violations that may result from the use of my property for a home occupation. In addition, I grant the Dunstable Building Inspector permission<sup>2</sup> to inspect my property for the purpose of determining any zoning violations that may result from this home occupation.

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

<sup>1</sup> The legal property owner is recognized as the person/entity identified on the latest Dunstable Assessors Records. If your name does not appear on this list, provide a certified copy of the deed to the property in your name.

<sup>2</sup> Refusal to grant the Dunstable Building Inspector permission to inspect your premises to determine if a violation exists may result in the termination of the Home Occupation Permit



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### HOME OCCUPATION PERMIT QUESTIONNAIRE

1. IS THE PROPOSED HOME OCCUPATION FULL TIME OR PART TIME? ☐ FULL TIME ☐ PART TIME
2. WHAT TYPE OF EQUIPMENT AND/OR MATERIALS WILL BE USED IN CONJUNCTION WITH YOUR HOME OCCUPATION BUSINESS?

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3. DESCRIBE THE LAYOUT OF THE PROPERTY INCLUDING BUILDINGS THEREON, INDICATING THE PORTION OR PORTIONS OF THE PROPERTY TO BE USED IN CONNECTION WITH THE HOME OCCUPATION, INCLUDING PROVISIONS FOR PARKING. ATTACH A SKETCH OR PLAN IF APPROPRIATE.

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4. IDENTIFY PRINCIPAL OPERATOR & OTHER PARTICIPANTS, THEIR FUNCTION & RESIDENTIAL STATUS AT THE PREMISES; SPECIFY TOTAL NUMBER OF PERSONS INVOLVED.

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5. WILL BUSINESS RELATED ITEMS BE STORED AT YOUR RESIDENCE? ☐ YES ☐ NO

**IF YES, PLEASE STATE THE TYPE OF ITEMS AND WHERE THEY WILL BE STORED. (PLEASE NOTE, THE STORAGE OF ALL HOME OCCUPATION RELATED MATERIALS MUST BE STORED ENTIRELY WITHIN AN ENCLOSED STRUCTURE).**

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6. DO YOU HAVE ANY VEHICLES THAT WILL BE USED EXCLUSIVELY FOR YOUR BUSINESS? ☐ YES ☐ NO

**IF YES, SPECIFY THE MAKE, MODEL AND YEAR OF EACH VEHICLE & THEIR FUNCTION. (PLEASE NOTE, NO MORE THAN ONE [1] COMMERCIAL VEHICLE MAY BE REGULARLY PARKED YOUR PROPERTY; ITEMIZE ON SEPARATE SHEET**

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7. HOW OFTEN WILL DELIVERIES BE MADE TO YOUR HOME BUSINESS?

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8. IS YOUR BUSINESS A SERVICE? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. DESCRIBE HOW YOU WILL ATTRACT NEW CUSTOMERS (I.E., NEWSPAPER ADVERTISING, YELLOW PAGES, MAILINGS, ETC.)

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**STANDARD CONDITIONS OF APPROVAL FOR THIS HOME OCCUPATION PERMIT**

- 1) The applicant shall be in full compliance with [Section 6.1 Uses Permitted](#) - Dunstable Zoning Bylaws at all times.
- 2) No workspace, material or equipment related to this home occupation may be located/stored inside of any on-site garage.
- 3) There shall be no unenclosed, outdoor, storage of any material or equipment related to this home occupation business.
- 4) There shall be no on-site employees or partners working from this home occupation business address at anytime, except as permitted under Section 6.1 of Dunstable Zoning Bylaws (USES PERMITTED).
- 5) There shall be no on-site (in person) business transactions with any customers, product distributors or solicitors from this home occupation business address at anytime, except as permitted under Section 6.1 of the Dunstable Zoning Bylaws.
- 6) This home occupation may not adversely impact the health, safety or welfare of the surrounding property owners. Likewise, the applicant's business may not adversely impact the comfort and enjoyment of the surrounding property owners at any time.
- 7) All service related activities shall be conducted solely from the customer's premises.
- 8) The applicant's primary residence shall be at the same address as that identified for this home occupation business at all times.
- 9) There shall be no on-site signage on the property that advertises the home occupation business other than that permitted in Section 13 of the Dunstable Zoning Bylaws.
- 10) The applicant shall maintain the appearance of the property (from which this home occupation is being conducted) in a manner which is free and clear of any indication that a home occupation is being conducted except that permitted by the Town of Dunstable's Zoning Bylaws.
- 11) There shall be no use of hazardous materials or any storage of hazardous substances on the property being used in conjunction with this home occupation business.
- 12) This Home Occupation Permit is not transferable to any other person or property.
- 13) As deemed necessary, the Dunstable Building Inspector may inspect the premises from which this home occupation is being conducted to ascertain any potential violations to these conditions of approval or to the Dunstable Zoning Bylaws.
- 14) The applicant agrees that any violation to these conditions of approval or to the Dunstable Zoning Bylaws shall constitute grounds for the immediate revocation of this Home Occupation Permit.

15) **Special Requirements (if deemed necessary)**

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**Applicant Certification**

*I certify that the information provided in this application is true and correct and understand that any false statements may result in the denial or future revocation of my Home Occupation Permit. I further declare that I have read (and understood) both the [standard conditions of approval](#) for my Home Occupation Permit as well as Section 6.1 g i-iv of the Dunstable Zoning Bylaws. Moreover, I agree to abide by all such conditions of approval and home occupation provisions at all times. I further understand that any violation to the Home Occupation Permit Conditions of Approval and/or of the Dunstable Zoning Bylaws shall constitute grounds for the revocation of my Home Occupation Permit by the Town of Dunstable.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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FOR TOWN USE ONLY

**END**

See Section 6.1 (attached) for  
clarification on provisions